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## REQUEST FOR FEEL 1 2005 H FOR FEEL 1 2005 H CONTINUED EXAMINATION (RCE) TRANSMITTAL 7

Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

| Application Number     | 09/883,409  18 June 2001  Markus GAUTSCHI  1743  Monique T. COLE |  |  |  |
|------------------------|------------------------------------------------------------------|--|--|--|
| Filing Date            |                                                                  |  |  |  |
| First Named Inventor   |                                                                  |  |  |  |
| Art Unit               |                                                                  |  |  |  |
| Examiner Name          |                                                                  |  |  |  |
| Attorney Docket Number | 102790-038 (20663)                                               |  |  |  |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO ) on page 2

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| and amendments en applicant does not warendment(s).  a. Previously so Office action                                                                                                                                                                                                                                                                                                            | equired under 37 CFR 1.114 closed with the RCE will be entered in th ish to have any previously filed unentere submitted. If a final Office action in may be considered as a submit the arguments in the Appeal Bri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e order in which d amendment(s is outstandin ssion even if | they we<br>b) entered<br>g, any a<br>this bo | d, applicant must request<br>amendments filed at<br>x is not checked. | instructs otherwise. If non-entry of such |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Information<br>Other                                       | Disclos                                      | ure Statement (IDS)                                                   |                                           |  |
| a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)  b. Other                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                              |                                                                       |                                           |  |
| 3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.  a. □ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 14-1263  i. □ RCE fee required under 37 CFR 1.17(e) 02/03/2005 MAHNED1 00000080 141263 09883409  ii. □ Extension of time fee (37 CFR 1.136 and 1.17) 01 FC:1801 790.00 DA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                              |                                                                       |                                           |  |
| <ul> <li>b.  Check in the amount of \$ enclosed</li> <li>c.  Payment by credit card (Form PTO-2038 enclosed)</li> <li>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</li> </ul>                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                              |                                                                       |                                           |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                              |                                                                       |                                           |  |
| Name (Print / Type)                                                                                                                                                                                                                                                                                                                                                                            | Andrew N. Parfomak                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            | Registr                                      | ation No. (Attorney / Agent)                                          | 32,431                                    |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                      | August a Lathar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | main                                                       | Date                                         | 28 January 2005                                                       |                                           |  |
| CERTIFICATE OF MAILING OR TRANSMISSION                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                              |                                                                       |                                           |  |
| nereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to e U.S. Patent and Trademark Office on the date shown below.                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                              |                                                                       |                                           |  |
| me (Print/Type) Kimberly Brittingham                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                              |                                                                       |                                           |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                      | Limbaly Britting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (am)                                                       | Date                                         | 28 January 2005                                                       |                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                | 7/ - 7/ -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |                                              |                                                                       |                                           |  |

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.